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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/532,001	08/10/2005	Seiji Tomita	28955.4024	3822
27890 STEPTOE & JO	7590 09/10/200 OHNSON LLP	9	EXAMINER	
1330 CONNEC	TICUT AVENUE, N.	W.	WILSON, MICHAEL H	
WASHINGTON, DC 20036			ART UNIT	PAPER NUMBER
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			09/10/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/532,001 TOMITA ET AL.		
interview Summary	Examiner	Art Unit	
	MICHAEL WILSON	1794	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>MICHAEL WILSON</u> .	(3)		
(2) <u>Ms. Morad</u> .	(4)		
Date of Interview: <u>02 September 2009</u> .			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>In a conversation with Managed 27 January 2009 was sent.</u> Therefor the present can	s. Morad it was confirmed that		
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE OF THE SUBSTANCE OF THE INTER OF THE OF THE INTER OF THE INT	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
	/D. Lawrence Tarazano/		
	Supervisory Patent Examiner, Art U	nit 1794	

Application No.

Applicant(s)